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IRO Certificate #4599

DATE OF REVIEW: 4/01/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
3 day Inpatient LOS with L5/S1 Hardware Removal/Exploration of Fusion, CPT 22850 22830

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Neurosurgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
Overturned	**(Disagree) X**
Partially Overturned	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY
Patient is a female. She has a prior history of an L5-S1 laminectomy in XXXX which was followed in XXXX by an L5-S1 interior/posterior spinal fusion. She had a motor vehicle accident in XXXX which increased her pain and a spinal cord stimulator was placed. She was involved in a work related injury in XX/XXXX. Since the injury in XX she has had increased pain in her low back with radiation down the left leg. A CT myelogram was performed which showed a left side pedical screw close to the L4-5 facet joint. She underwent injection of her hardware which caused significant improvement in her symptoms. Based on the results of the injection it was decided to proceed with an exploration of fusion at L5-S1 and removal of her hardware, which was denied.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION
Opinion: I disagree with the benefit company's decision to deny the requested service(s).

Rationale: The stated reason for denying the exploration of the fusion was that there was no concern or evidence for pseudarthrosis. Given her response to the hardware injection, it is likely that the hardware is causing the pain. A removal of hardware is commonly performed in cases where the hardware has become painful either to the nearby facet joint or to the muscles above it. However, in order to remove the hardware, the fusion has to be solid, so the stated rationale for denial of there being no indication for a failed fusion is somewhat illogical, as the hardware can only be removed if the fusion is solid. The reason

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (continuation)
for the exploration of fusion is to verify at the time of surgery that the fusion is solid, since there can sometimes appear to be a solid fusion on CT scan which is not necessarily apparent in the operating room. I'm assuming that after the exploration of fusion that the fusion is solid and the hardware removed, which I think is the appropriate course of action.

I also find it unusual that the relevant citations for denial are all related to the criteria for spinal fusion and do not address removal of painful hardware in the setting of the fusion.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)